

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

JACK MARTIN FOR CONGRESS

ADDRESS (number and street)

13489 DRYSDALE STREET



Check if different than previously reported. (ACC)

SPRING HILL

FL

34609

2. **FEC IDENTIFICATION NUMBER ▼**

C C00607051

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☐ NEW (N)

OR

☐ AMENDED (A)

FL

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

04 / 15 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Amy E Brosnan

Signature of Treasurer

Amy E Brosnan

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

JACK MARTIN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10020.00	10020.00
(b) Total Contribution Refunds (from Line 20(d))	6020.00	5945.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4000.00	4075.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4000.00	3762.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4000.00	3762.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

JACK MARTIN FOR CONGRESS

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y
04		15		2016

I. RECEIPTS
COLUMN A
Total this Period
COLUMN B
Election Cycle Total as of

M M	/	D D	/	Y Y Y Y
03		31		2016

(date of general election)

COLUMN C
Total for

M M	/	D D	/	Y Y Y Y
04		01		2016

(date after general election)

through

M M	/	D D	/	Y Y Y Y
04		15		2016

(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

4645.00

4645.00

0.00

(ii) Unitemized

5375.00

5375.00

0.00

(iii) Total of contributions from individuals

10020.00

10020.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 19

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
10020.00	10020.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
300.00	300.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
300.00	300.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
10320.00	10320.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 19

Write or Type Committee Name

JACK MARTIN FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
04 / 15 / 2016**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
4000.00	3762.95	237.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
300.00	300.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
300.00	300.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
6020.00	5945.00	75.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 19

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

6020.00

5945.00

75.00

21. OTHER DISBURSEMENTS

0.00

0.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

10320.00

10007.95

312.05

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

4000.00

4075.00

-75.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

4000.00

3762.95

237.05

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

0.00

10320.00

10320.00

10320.00

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ruben Arias

Mailing Address 3310 Ponce de Leon Blvd. Ste 270

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Art Tech PromotionsOccupation
IT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2016

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert and Lorraine Carter

Mailing Address 185 John Bennett Rd.

City

Morris

State

GA

Zip Code

39867

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First Revival LLC

Mailing Address PO Box 249

City

Thonotosassa

State

FL

Zip Code

33592

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1075.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Rebecca Grainger

Mailing Address 4934 SAINT CROIX DRIVE

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Business Owner

Occupation

Interior Designer

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 13 / 2016

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ms Pamela Hughes

Mailing Address 1213 Broad Acres Drive

City

Norman

State

OK

Zip Code

73072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 13 / 2016

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Theodocia Michalopoulos

Mailing Address 11735 Belle Haven Drive

City

New Port Richey

State

FL

Zip Code

34654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Piano Teacher

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

420.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period

370.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1170.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Richard Mitchell Jr.

Mailing Address 393 Corinth Five Points Rd

City

Buchanan

State

GA

Zip Code

30113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2016

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Richard Mitchell Jr.

Mailing Address 393 Corinth Five Points Rd

City

Buchanan

State

GA

Zip Code

30113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2016

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

John Rigdon

Mailing Address 801 Iowa St.

City

madison

State

IL

Zip Code

62060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		21		2016

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

Bill Small

Mailing Address 11025 N. Florida Ave.

City

Tampa

State

FL

Zip Code

33612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ferman Auto

Occupation

Manager

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		11		2016

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mike Waldron

Mailing Address 6730 Industrial Ave.

City

Port Richey

State

FL

Zip Code

34668

FEC ID number of contributing
federal political committee.

C

Name of Employer

EarthTek Corp

Occupation

Business Owner

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2016

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Paypal

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

4645.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jack Martin

Mailing Address 13489 Drysdale Ave

City

Spring Hill

State

FL

Zip Code

34609

FEC ID number of contributing
federal political committee.

C H6FL11217

Name of Employer

Assembly of God

Occupation

Pastor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

01 / **13** / **2016**

Transaction ID : SA13A.4109

Amount of Each Receipt this Period

300.00

☐ Memo Item
☐ Loan for Start Up

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

300.00

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amy E Brosnan

Mailing Address 4293 River Birch Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

City	State	Zip Code
Spring Hill	FM	34607

Amount of Each Disbursement this Period

237.05

Purpose of Disbursement
Admin Svc

001

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State:

District:

☐ Memo Item

Transaction ID : SB17.4579

Full Name (Last, First, Middle Initial)

B. CastCrete

Mailing Address PO Box 24567

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2016

City	State	Zip Code
Tampa	FL	33623-4567

Amount of Each Disbursement this Period

249.12

Purpose of Disbursement
Metal Stakes for Signage

004

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL

District: 11

☐ Memo Item

Transaction ID : SB17.4356

Full Name (Last, First, Middle Initial)

c. ESP Signs

Mailing Address 14486 Cortez Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2016

City	State	Zip Code
Brooksville	FL	34613

Amount of Each Disbursement this Period

1197.06

Purpose of Disbursement
Sign order

004

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL

District: 11

☐ Memo Item

Transaction ID : SB17.4354

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1683.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Good Guys Signs

Mailing Address 1032 E. Hillsborough Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2016

City	State	Zip Code
Tampa	FL	33604

Amount of Each Disbursement this Period

984.40

Purpose of Disbursement
Signs for Advertising

004

☐ Memo Item

Candidate Name

JACK MARTIN FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 11

Transaction ID : SB17.4344

Full Name (Last, First, Middle Initial)

B. Heckler Investments

Mailing Address 5185 Bone Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2016

City	State	Zip Code
Brooksville	FL	34604

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Video and Photography Services

004

☐ Memo Item

Candidate Name

JACK MARTIN FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 11

Transaction ID : SB17.4342

Full Name (Last, First, Middle Initial)

C. Roscoe or Linda Osborn

Mailing Address 10733 Filly Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2016

City	State	Zip Code
Hudson	FL	34667

Amount of Each Disbursement this Period

249.12

Purpose of Disbursement
Metal Sign Stakes

004

☐ Memo Item

Candidate Name

JACK MARTIN FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 11

Transaction ID : SB17.4349

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1583.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Print Shak

Mailing Address 13027 Cortez Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2016

City	State	Zip Code
brooksville	FL	34613

Amount of Each Disbursement this Period

318.84

Purpose of Disbursement
Brochures and Mailers for Campaign

004

☐ Memo Item

Candidate Name

JACK MARTIN FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 11

Transaction ID : SB17.4351

Full Name (Last, First, Middle Initial)

B. Print Shak

Mailing Address 13027 Cortez Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		29		2016

City	State	Zip Code
brooksville	FL	34613

Amount of Each Disbursement this Period

223.65

Purpose of Disbursement
Mailers and Brochures for campaign

004

☐ Memo Item

Candidate Name

JACK MARTIN FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 11

Transaction ID : SB17.4353

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

542.49

3809.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 19

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jack Martin

Mailing Address 13489 Drysdale Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

City	State	Zip Code
Spring Hill	FL	34609

Amount of Each Disbursement this Period

Purpose of Disbursement
Repayment of \$300 Loan

001

300.00

☐ Memo Item

Candidate Name

JACK MARTIN FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 11

Transaction ID : SB19A.4367

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 19

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ruben Arias

Mailing Address 3310 Ponce de Leon Blvd. Ste 270

City	State	Zip Code
Coral Gables	FL	33134

Purpose of Disbursement
Donation Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB20A.4564

B. Robert and Lorraine Carter

Mailing Address 185 John Bennett Rd.

City	State	Zip Code
Morris	GA	39867

Purpose of Disbursement
Donation Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : SB20A.4568

C. Theodocia Michalopoulos

Mailing Address 11735 Belle Haven Drive

City	State	Zip Code
New Port Richey	FL	34654

Purpose of Disbursement
Donation Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

Amount of Each Disbursement this Period

370.00

☐ Memo Item

Transaction ID : SB20A.4531

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1020.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Richard Mitchell Jr.

Mailing Address 393 Corinth Five Points Rd

Date of Disbursement

M M	D D	Y Y Y Y
03	28	2016

City	State	Zip Code
Buchanan	GA	30113

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Donation Refund

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB20A.4574**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 North First Street

Date of Disbursement

M M	D D	Y Y Y Y
03	15	2016

City	State	Zip Code
San Jose	CA	95131

Amount of Each Disbursement this Period

455.00

Purpose of Disbursement
Paypal Transfer to refund Paypal Donations

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB20A.4517**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Paypal

Mailing Address 2211 North First Street

Date of Disbursement

M M	D D	Y Y Y Y
03	23	2016

City	State	Zip Code
San Jose	CA	95131

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Paypal Transfer for Donation Refunds

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB20A.4578**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1755.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JACK MARTIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bill Small

Mailing Address 11025 N. Florida Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

City	State	Zip Code
Tampa	FL	33612

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation Refund

500.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB20A.4567**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

3275.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

JACK MARTIN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Jack Martin

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
13489 Drysdale Ave

City	State	ZIP Code
Spring Hill	FL	34609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="300.00"/>	<input type="text" value="300.00"/>	<input type="text" value="0.00"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 13 / 2016

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.